

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03578

FILED
May 01, 2007
Secretary of State

Entity Name: SOUTHERN PIONEER LIFE INSURANCE COMPANY

Current Principal Place of Business:

216 W. MAIN STREET
P.O. BOX 30
TRUMANN, AR 72472

New Principal Place of Business:

216 W. MAIN STREET
TRUMANN, AR 72472

Current Mailing Address:

216 W. MAIN STREET
P.O. BOX 30
TRUMANN, AR 72472

New Mailing Address:

7000 MIDLAND BLVD
AMELIA, OH 45102

FEI Number: 62-0754973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HYNEMAN, BEN R
Address: 216 W. MAIN
City-St-Zip: TRUMANN, AR 72472

Title: S () Delete
Name: HYNEMAN, HAL F
Address: 216 W MAIN
City-St-Zip: TRUMANN, AR 72472

Title: VD () Delete
Name: LINDSEY, ALFRED
Address: 216 W. MAIN
City-St-Zip: TRUMANN, AR 72472

Title: CFO () Delete
Name: KILMER, ROBERT WILLIAM II
Address: 216 W MAIN STREET
City-St-Zip: TRUMANN, AR 72472

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: HAYDEN, JOHN W
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: VS (X) Change () Addition
Name: FLOWERS, MICHAEL L
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: SVP (X) Change () Addition
Name: TIERNEY, JAMES P
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: TO (X) Change () Addition
Name: MCCONNELL, MATTHEW J
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: D () Change (X) Addition
Name: GELTER, PAUL F
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

Title: SVP () Change (X) Addition
Name: GREY, WILLIAM T
Address: 7000 MIDLAND BLVD.
City-St-Zip: AMELIA, OH 45102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. TIERNEY

SVP

05/01/2007

Electronic Signature of Signing Officer or Director

Date